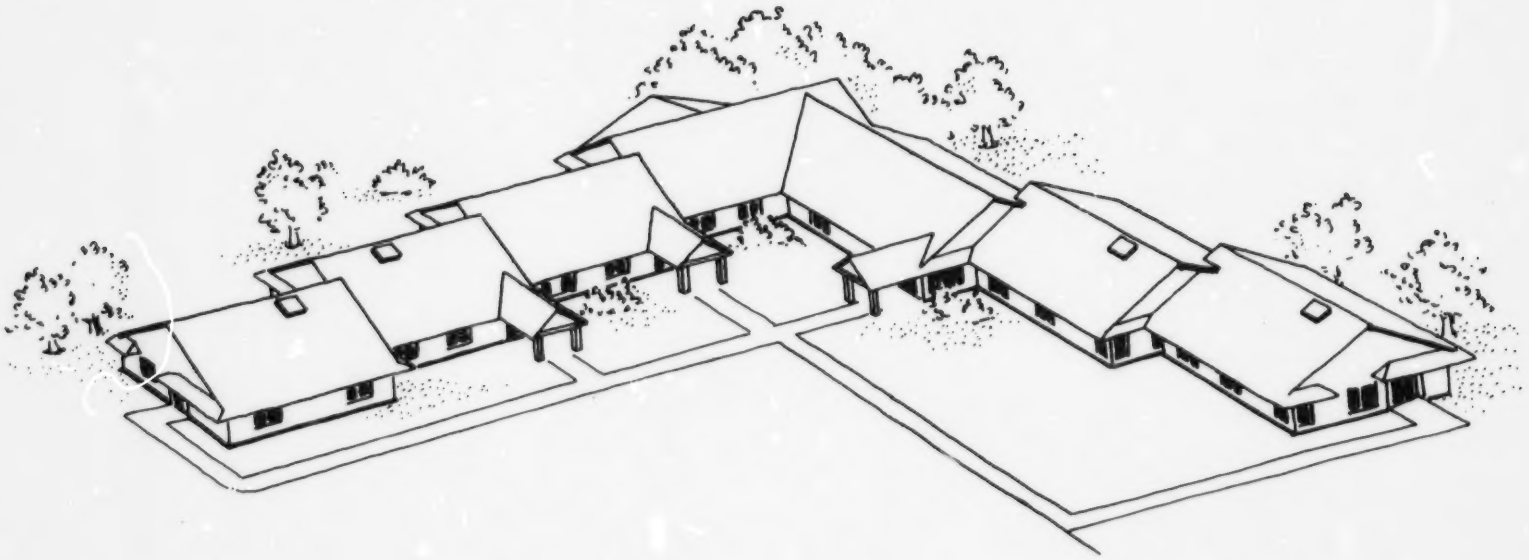


ANNUAL REPORT
1989 - 1990

Hospital and Health Services
Commission of Prince Edward Island

91-03697/

HOSPITAL AND HEALTH SERVICES COMMISSION

OF PRINCE EDWARD ISLAND

MONTAGUE OFFICE COMPLEX
DOUSES ROAD
P.O. BOX 3000
MONTAGUE
PRINCE EDWARD ISLAND
C0A 1R0

ANNUAL REPORT

FOR THE YEAR ENDING

MARCH 31, 1990

Lieutenant Governor of Prince Edward Island
The Honourable Marion L. Reid

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of the activities of the Hospital and Health Services Commission for the period April 1, 1989 to March 31, 1990.

Respectfully submitted,

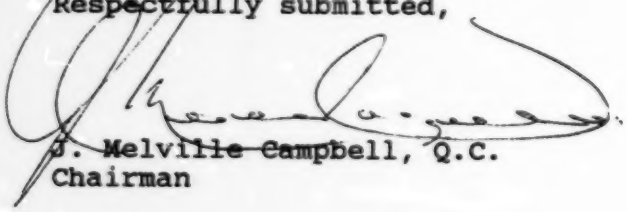
Wayne D. Cheverie, Q.C.
Minister of Health and Social Services

Honourable Wayne D. Cheverie, Q.C.
Minister of Health and Social Services
Province of Prince Edward Island
Charlottetown, P.E.I.

Honourable Minister:

I am pleased to submit herewith the Annual Report for the Hospital and Health Services Commission for the fiscal year 1989-90.

Respectfully submitted,



J. Melville Campbell, Q.C.
Chairman

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MEMBERS
HOSPITAL & HEALTH SERVICES COMMISSION
AND
EXECUTIVE DIRECTOR

MEMBERS

J. Melville Campbell, Q.C.
Chairman

James Burleigh
Vice Chairman

Marguerite Connolly

Dr. Kent Ellis

David Ford

Debbie Good

Dorothy MacLeod

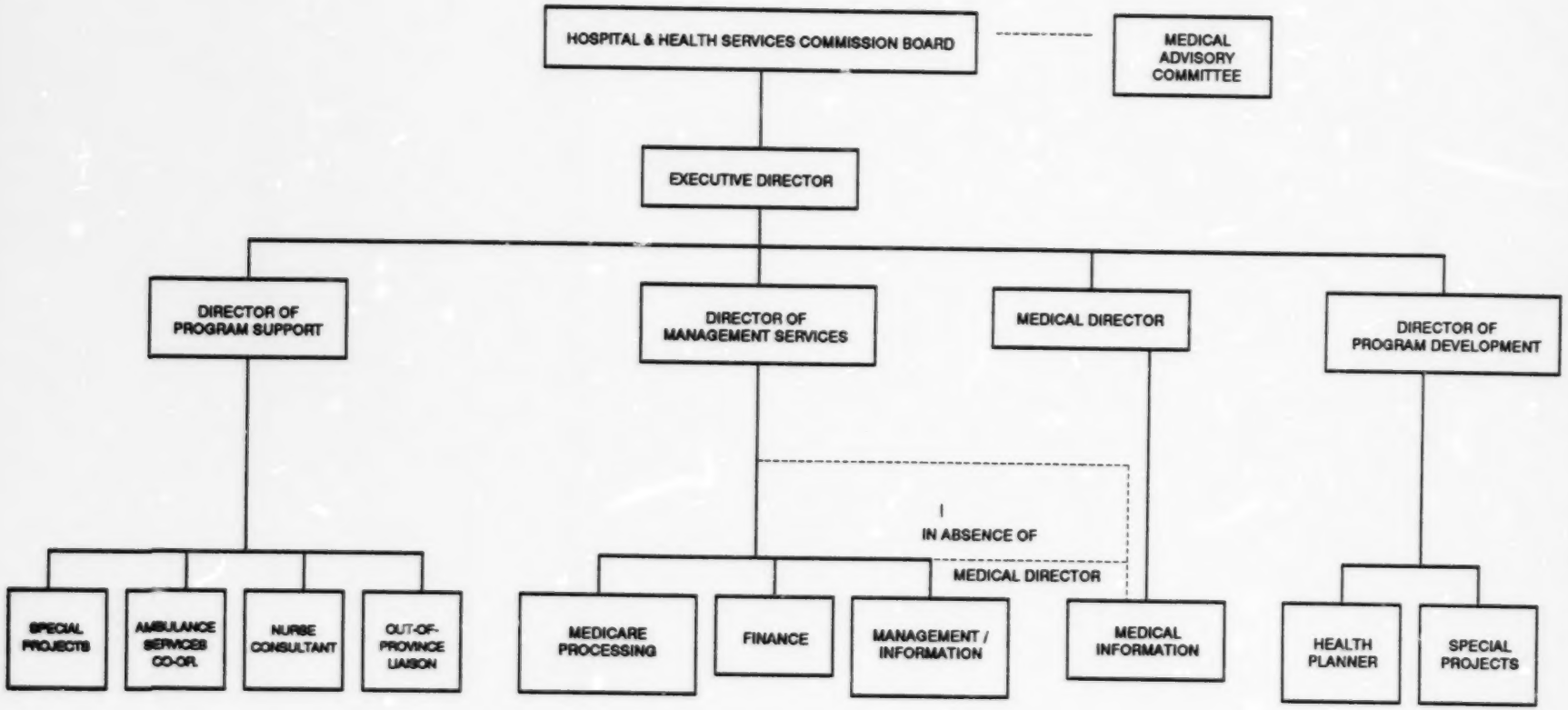
Leonard Munroe

Agnes Arsenault

Lorne R. Moase
EXECUTIVE DIRECTOR

HOSPITAL & HEALTH SERVICES COMMISSION

ORGANIZATIONAL CHART



INTRODUCTION:

The Hospital & Health Services Commission provides payment toward the cost of services which are medically required and are provided by physicians to patients in their homes, in doctors' offices and in hospitals as established through the Health Services Payment Act. Certain services provided by dentists in hospital may also be included.

The Commission as well maintains a plan of hospital care insurance for the people of Prince Edward Island in accordance with provisions of the Hospital and Diagnostic Services Insurance Act and Regulations.

In addition, the Hospital and Health Services Commission administers the funding for the School of Nursing, the Red Cross blood program, the Ambulance Subsidization Program and implements the Ambulance Regulations as established under the Public Health Act.

The Annual Report presents a summary of activities to December 31, 1990, with financial statements and statistics for the fiscal year April 1, 1989 to March 31, 1990.

COMMISSION MANDATE:

1) The Commission is a manager and implementer of government's direction for the health care sector, and in particular, for the allocation of resources.

2) The Commission must be an advocate for the health care system. The Commission must fairly and aggressively represent the health care sector and government. It must be the facilitator between government departments and the various components of health that interface with government.

The Commission must, through a working partnership with health care providers, facilitate the development of a strategic plan for the health care system. This strategy would require:

- the identification and prioritization of needs for the health care system,
- the acquisition of appropriate resources,
- the development of a system to implement a health care plan, and
- a process of evaluation and review of the strategy.

ADMINISTRATIVE ORGANIZATION :

The Hospital Care Insurance Plan and the Health Insurance Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the costs of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is funded by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

The administration of the Hospital Care Insurance Plan and the Health Insurance Plan is determined by the Commission within the terms of reference of the respective Acts.

Day to day administration of the plans is carried out through a Program Development Division, Management Services Division and Program Support Division, each responsible to the Commission through the Executive Director. Medical care problems relating to the operations of each Plan are considered by the Medical Director, who may seek advice from the Medical Advisory Committee, composed of five physicians nominated by the Medical Society of P.E.I. and appointed by the Commission.

The Medical Advisory Committee meets on an "as required" basis and play an important role in the smooth and efficient administration of the Plans.

PROGRAM SUPPORT DIVISION:

This Division is responsible for tne ongoing administration of those programs and services directly affecting the delivery of hospital services. This involves outreach programs to identify needs, the initiation and development of programs and services to meet these needs and the ongoing provision of appropriate services. Such programs currently include French Language Services for Hospitals, Out-of-Province Liaison, Emergency Services and the Hospital Employee Classification System. This division also develops health care standards and carries out program audits to determine that such standards are being met.

PROGRAM DEVELOPMENT DIVISION

This division is responsible to put in place policies, priorities and strategies to meet and accomplish the goals of the Commission. The division initiates innovative programs and projects to test new and varied methods of health care delivery and provides support in information collection and data evaluation. In addition, Program Development directs the development and implementation of a physician resource plan and a provincial hospital services plan.

MANAGEMENT SERVICES DIVISION

Management Services is responsible for managing and directing the programs and staff for all financial, personnel and administrative activities that fall within the mandate of the Hospital & Health Services Commission. This division is also responsible for the management of a comprehensive claims information system.

MEDICAL DIRECTOR:

This position is responsible for the overall management and direction of the medical aspect of the health care system. In particular, the Medical Director develops medical policy and standards for acute care, in concert with other physicians, develops guidelines and procedures dealing with specific medical issues and problems, monitors use of physician services and provides consultant and advisory services as necessary.

MEDICAL ADVISORY COMMITTEE

The Medical Advisory Committee, composed of five physicians, makes recommendations to the Commission on matters affecting the effective and efficient administration of the Insurance Plans. In particular, the Committee reviews particular cases and physicians' practices regarding possible over servicing or over utilization, or where medical requirement of a service is questioned.

HIGHLIGHT OF ACTIVITIES JANUARY 1/90 - DEC. 31/90:

1. AMBULANCE SUBSIDY PROGRAM:

The P.E.I. Hospital and Health Services Commission has the responsibility for the administration and operation of the Ambulance Subsidization Program. This program, administered in cooperation with the P.E.I. Ambulance Operator's Association, provides for licensing of ambulance personnel, vehicles and equipment and the negotiation of subsidy rates. At present, fifteen (15) ambulances, operated by six private companies, are licensed and are being sudsidized for the 1990-91 fiscal year at the rate of $70. - $75. per ambulance trip (depending on call volume) and 80 cents per kilometer. In addition, the operators are authorized to collect a user fee of $90. per trip and receive a grant of $6,400. per ambulance, per year. An educational fund, in the amount of $8,000. is also supplied by the Commission, and in 1990, the Commission provided Hepatitis B vaccine free of charge to all licensed ambulance personnel requesting this.

2. CLAIMS INFORMATION SYSTEM

The Hospital & Health Services Commission is responsible for the processing and payment of physician claims. In 1989 the Commission implemented Electronic Billing, whereby claims are input in the physicians' offices and transferred via modem to the Commission's computerized system.

Electronic Billing has provided substantial improvements in the overall efficiency of the physician payment system. To date, approximately ninety two (92) physicians are participating voluntarily in this new initiative, and the Commission anticipates further participation in the new year.

3. FRENCH LANGUAGE HEALTH SERVICES STUDY

In 1989, a study carried out by the Hospital and Health Services Commission with the support of the French Services Secretariat, identified a need to provide more comprehensive French language services in some Island hospitals. A Provincial Coordinator of French Language Services was employed by the Hospital and Health Services Commission to review the study's recommendations and implement the plan. Through federal and provincial funding contributions, Registered Nursing positions are presently being

recruited at the Queen Elizabeth Hospital and the Prince County Hospital. This program also allows for bilingual signage at Prince County Hospital and for hospital employees to enroll in French language training. As well, written health care instructions are being reviewed and translated.

4. GRASP

In 1987/88, the Hospital & Health Services Commission approved a three-year plan to alleviate nursing shortages in Island hospitals, as identified by the GRASP methodology, a workload measurement system. In 1988/89, $500,000. was allotted to hospitals to increase nursing staff under this program and in 1989/90, year two of this plan was implemented, providing an additional $400,000.. In 1990/91, the remaining $500,000. was granted, for a total of 1.4 million dollars.

5. HOME PROGRAMS

The Hospital & Health Services Commission provides payment through the Queen Elizabeth's and Prince County Hospital's operating budgets for two home programs:

1) P.E.I. Home Dialysis Program -
This program provides supplies, equipment and specific drugs to residents of P.E.I., requiring kidney dialysis, so that dialysis can be carried out at home rather than in hospital. The training program is provided through the Victoria General Hospital Dialysis Unit. The average caseload of dialysis patients during 1990 was 17 (13 peritoneal dialysis and 4 hemodialysis).

2) Children's Home Program -
A number of home programs, developed and approved through the I.W.K., are available to P.E.I. children. These programs allow these children to be discharged from hospital (primarily out-of-province hospitals such as the I.W.K.,but with some children being admitted directly from P.E.I. hospitals) and treated at home. The most common home program used is the tube feeding program. Other programs include total parenteral nutrition (TPN), central venous line, infant apnea, hemophiliac home infusion, nutritional program for cystic fibrosis and a tracheostomy program. In 1990 there were 4 requests for children to be put on the tube feeding program, 1 request for TPN, 1 for central venous line supplies and 1 for hemophiliac infusion program.

6. LABORATORY CROSS-TRAINING PROGRAM

On December 5, 1990, the Hospital & Health Services Commission approved, for a trial period of one year, the development of a post basic program for Registered Radiology Technologists. The objective of this program is to train Registered Radiology Technologists to perform specific diagnostic laboratory procedures, requested by physicians. This will apply to only the

smaller, rural hospitals where hospitals have a restricted range and nature of diagnostic procedures.

7. OUT-OF-PROVINCE LIAISON PROGRAM

The P.E.I. Out-of-Province Liaison Program completed its first full year of on-site operation in Halifax in 1990. Inter-hospital transfers back to P.E.I. numbered 125, for an estimated saving of 1,651 in-patient, out-of-province hospital days. Consequently, $734,306. was saved in costs that would have been incurred had these patients remained outside the province.

Other efforts, such as identifying agencies who were responsible for the payment of patient costs and encouraging out-patient treatment instead of in-patient treatment, represented a further reduction in billings of over $220,560. Furthermore, extensive discharge planning and coordination of various P.E.I. support services and out-of-province hospital services enabled a number of patients to live at home rather than in hospital. However, there are no estimates available for hospital days saved in these cases.

The P.E.I. Liaison Program also provides an information and coordinating link to P.E.I. committees, such as the P.E.I. Dialysis and Poison Control Committees, as well as the V.G.H. Point Pleasant Lodge Task Force. Through association with the P.E.I. Cancer Society, arrangements were made that assist cancer patients to obtain short stay accommodations at the Nova Scotia "Lodge that Gives".

In July, 1990, a registered nurse was hired on a casual relief basis, to assist the Liaison Program Manager. This aided in responding to the over 750 requests for resource information and/or help with discharge planning.

Continuing education to out-of-province hospital staff and physicians is an ongoing process. Of note this year was an invitation to the Program Manager to participate as a panel member at the I.W.K.'s Annual Pediatric Nursing Conference. As well, a presentation was made to the V.G.H. Task Force on Discharge Planning. A number of Ontario hospitals were supplied information on the P.E.I. Liaison Program and contact with discharge personnel was initiated. Education remains a key factor in the success of encouraging effective and efficient discharge planning.

8. PANEL ON THE HOSPITALS' ROLE IN THE HEALTH COMMUNITY

In 1989, a Panel on the Hospitals' Role in the Health Community was established, with representation from the three major stakeholders in the hospital system; the Hospital and Health Services Commission, the P.E.I. Medical Society, and the Hospital Association of P.E.I.. The Panel began its task by examining the function of Island community hospitals in the current

health environment. Over three hundred invitations were sent out requesting input that would assist the Panel with its task. During 1990, the Panel received feedback from 115 organizations and groups, while the Panel Project Coordinator carried out 225 interviews with individuals of the larger provincial health system.

The Panel examined the hospital's role and function within the context of the broader health community. A number of the more pressing issues facing health care were identified, as well as the major issues confronting the hospital system itself. The final report intends to suggest ways in which the hospital system might better integrate its role and services within the needs of the larger health community. It is anticipated that the final report will be completed in early 1991.

9. STANDARDS OF CARE

The Hospital and Health Services Commission identified standards of care in hospitals as a priority issue in their 1990 organizational strategic overview. To address this issue, it has developed a 2-phased approach, with Phase 1 having been initiated in the fall of 1990. This phase consists of a data collection period, with information being obtained on what standards (policies, guidelines, protocols and legislation) are currently in place. It also involves collection of information on standards for out-of-province services. In Phase 11, staff resources will be allocated by the Commission for the development and implementation of standards. The Commission anticipates this phase will be a long-term process, involving hospitals, health professionals and the community.

10. WEST PRINCE HOSPITALS

The Hospital and Health Services Commission has been working closely with the West Prince hospitals to ascertain present and future requirements for physical renovations and construction.

A Functional Program has been completed for the Western Hospital. Improvements will include a combination of renovating the existing structure and constructing a new section. It is expected construction/renovations will begin in the spring of 1991.

A Functional Program for the Community Hospital is presently being prepared. It is anticipated that this will be completed by March, 1991. Plans for physical renovation/construction of the Community Hospital will be based on the results of this study.

COMMITTEE REPORTS:

1. DIALYSIS COMMITTEE

In 1990, a joint committee of the Hospital and Health Services Commission and the Department of Health & Social Services, with representation from the P.E.I. Medical Society and the Queen Elizabeth Hospital, was established to review the P.E.I. Home Dialysis Program. This program provides dialysis supplies, equipment, specific drugs and home care nursing services* to P.E.I. residents, enabling them to carry out dialysis at home rather than in-hospital. The Committee identified many issues associated with the dialysis program and has recently submitted its report to the Commission and the Department of Health & Social Services.

* Nursing services are provided through Dept. of Health & Social Services.

2. EMERGENCY MEDICAL SERVICES COMMITTEE

The Emergency Medical Services (EMS) Advisory Committee, was established by the P.E.I. Hospital and Health Services Commission in response to recommendations from the Pre-Hospital and Emergency Services Study. This multi-disciplinary, 9 member Committee, initiated in August, 1990, has as its role: to research and review issues related to the delivery of pre-hospital emergency services on P.E.I. and to formulate relevant recommendations for consideration by the Hospital & Health Services Commission.

3. GERIATRIC ASSESSMENT ADVISORY COMMITTEE

In 1988, the Commission prepared a proposal for establishment of a geriatric assessment and rehabilitation center on P.E.I. In view of the number of veterans on P.E.I. and services provided to veterans by D.V.A., the Commission engaged in discussions with the Dept. of Veterans Affairs to request their participation in this initiative. In 1990, a consultant was hired by the Commission to carry out a feasibility study, and if feasible, to recommend on how such a project should be implemented. The report, presented to the Commission Board in October, 1990, recommended that such a facility was essential to meet the needs of seniors now and in the future, and in particular, to avoid unnecessary admissions to long-stay facilities. The Commission Board has accepted the report and given its approval to proceed with negotiations with D.V.A.

4. LAB SERVICES COMMITTEE

A Committee on lab services was established by the Commission early in 1990. The Committee has met frequently throughout the year in an effort to more clearly understand the issues surrounding the delivery

of lab services in P.E.I. hospitals. With the objective of establishing a provincial lab system, a draft document has been prepared to be circulated to hospital administrators and submitted to the Hospital and Health Services Commission for approval, early in 1991.

5. LICENSED NURSING ASSISTANT (LNA) STEERING COMMITTEE

The LNA Steering Committee, established in 1989 in response to recommendations of the report "Nursing Education Needs on P.E.I.", has not met during 1990, as it is awaiting recommendations from its sub-committee, the LNA Negotiating Committee. The sub-committee has been meeting frequently with a Holland College committee and most recently, a study examining the feasibility of transferring the LNA program to Holland College was completed under the direction of a Holland College Steering Committee. The LNA Negotiating Committee is presently awaiting Holland College's response to the recommendations of the feasibility study.

6. NURSING FORUM FOLLOW-UP COMMITTEE

As a result of the Nursing Forum, sponsored by the Hospital & Health Services Commission in 1989, a Nursing Forum Follow-up Committee was established to develop solutions to the issues identified by the Forum. The Committee is comprised of representation from the Commission, the Department of Health & Social Services, Association of Nurses of P.E.I., P.E.I. Nurses' Union and the P.E.I. Hospital Association. The Committee has been meeting regularly during 1990 and is preparing an interim report, with major recommendations to be presented to the various organizations in the spring of 1991.

7. PAY EQUITY STEERING COMMITTEE

The Commission is participating in a General Hospital Joint Pay Equity Committee, comprised of representation from Canadian Union of Public Employees, Excluded Staff, Health Negotiating Agency, International Union of Operating Engineers and the P.E.I. Nurses Union. The Committee, which is responsible for the implementation of pay equity for hospital employees in accordance with the provisions of the Pay Equity Act, officially began work on January 1, 1990.

Pay Equity or "Equal Pay for Work of Equal Value" is a compensation practice which bases wages on the value of the work being performed regardless of the gender of the individual performing the work.

The Committee has completed stage I of a IV stage process, with the negotiation of a job evaluation system and identification of gender predominant classifications. On October 1, 1990, the Committee began Stage II, which requires the analysis of the job

classes and determination of relative values, to be completed by September 30, 1991.

The Pay Equity office is established at the P.E.I. Hospital Association office in Charlottetown.

8. PHYSICIAN RESOURCE PLANNING COMMITTEE

During the past year, the Physician Resource Planning Committee met on a monthly basis. As well, it held several "special" meetings with the P.E.I. Hospital Association Board, the P.E.I. College of Physicians and Surgeons and the Board of King's County Memorial Hospital. In June, 1990, Dr. David Peachey from the Ontario Medical Association met with the Committee to discuss "alternative physician compensation models" and in November, the Committee met with Island medical students at Dalhousie to discuss P.E.I.'s physician needs.

A psychiatry pilot project for training general practitioners to assist psychiatrists at Q.E.H. was implemented in February, 1990 and will be evaluated in 1991. In addition, Phase 1 of a Continuing Medical Education research project, conducted by Dr. Wayne Putnam of Dalhousie University, was carried out. Dr. Putnam is expected to submit a report to the Committee early in 1991.

The Committee approved an increase in the complement of family practice physicians by 3 full-time equivalents, as well as the specialties of ophthalmology, radiology and physiatry, each by 1 full-time equivalent.

9. POISON CONTROL COMMITTEE

In 1990, a committee with representation from the Queen Elizabeth and Prince County Hospitals, the P.E.I. Medical Society, the Department of Health & Social Services' Division of Nursing and the Hospital and Health Services Commission, was established to investigate the feasibility of improving the Poison Control service on P.E.I. The Committee concluded that continuing a separate P.E.I. program would involve substantial costs and that it would be very difficult for staff to maintain their expertise with a low call-volume.

A linkage with the Izaak Walton Killam Poison Control Centre was proposed and an agreement for services to Prince Edward Island was made.

The system officially begins February 1, 1991, and consists of an 800 toll free telephone line direct to the I.W.K., enabling all callers to receive immediate advice on poisonings or suspected poisonings. Current information with recommendations for treatment will be provided to P.E.I. hospitals whenever a patient requires treatment for poisonings. The I.W.K. will also conduct yearly seminars on P.E.I.

As a follow-up, for the purposes of education and prevention, the I.W.K. will refer all calls received on poisonings under 16 years of age to Public Health Nurses of the Division of Nursing. It is anticipated that this arrangement will provide a comprehensive and beneficial poison control to P.E.I.

10. PROVINCIAL COMPUTER COMMITTEE

In 1988, the Commission, with the assistance of the provincial hospitals, established a Provincial Computer Committee, with representation from provincial hospitals, the Commission and the Computer Services Division of the Department of Finance. The mandate of the Committee was to recommend on requirements for a Provincial Hospital Information System. A consultant was hired to work under the direction of the Committee and to recommend a plan for implementation of an information system.

The consultant's report has recently been accepted by hospital administrators and approval has been given by the Commission Board to proceed with steps to acquire funding from Government for implementation.

11. REGISTERED NURSING (R.N.) TRANSITION COMMITTEE

The R.N. Transition Committee, a joint committee of the Hospital & Health Services Commission, Department of Education and U.P.E.I. , with representation from P.E.I. School of Nursing Board and Faculty, Association of Nurses of P.E.I., Department of Health & Social Services and the Medical Society, has met frequently during 1990 to facilitate the smooth transition of the nursing diploma program to the degree program. The Committee is pleased to report that U.P.E.I. has employed the services of Dr. Margaret Munro as the new Program Development Director of the nursing program at U.P.E.I. and that planning is well underway, in anticipation of U.P.E.I.'s first degree nursing students in 1992. In addition, the P.E.I. School of Nursing will begin to phase out its program with the acceptance of the last class of diploma students in September, 1991.

12. TECHNOLOGY ASSESSMENT COMMITTEE

In March, 1990, the Commission established a Provincial Technology Assessment Committee, with representation from the P.E.I. Hospital Association, the P.E.I. Medical Society and the Hospital & Health Services Commission. The Committee, which meets on a monthly basis, has developed and approved its terms of reference, as well as prioritized activities for the 1991 year. From this list, each member of the Committee has been assigned a specific subject area to address, by means of a subcommittee and report back to the main Committee.

BENEFITS OF THE HOSPITAL AND HEALTH INSURANCE PLANS:

GENERAL

The Hospital Care Insurance Plan and the Health Care Plan form part of the overall health services of the province.

The Hospital and Diagnostic Services Insurance Act provides the legislative authority under which residents of the province are insured against the cost of necessary hospital care and other services in aid of diagnosis.

Under the Health Services Payment Act, provision is made for payment toward the cost of basic health (medical) services for all insured residents of the province.

The cost of both Plans is shared by the Province of Prince Edward Island and the Government of Canada. There are no premiums required under either Plan, and the provincial share is provided through general revenue.

HOSPITAL CARE INSURANCE PLAN:

An extensive array of necessary health services is provided as fully insured benefits to hospitalized persons; however, for preferred accommodations, a hospital bills the patient directly.

In-patient benefits include:

- standard ward accommodation and meals
- necessary nursing services
- laboratory
- radiology and other diagnostic procedures
- use of operating room,case room, anaesthetic facilities,use of radiotherapy,
- use of physiotherapy and occupational and
- speech therapy
- routine surgical supplies

Similarly, most out-patient services are insured except in certain cases where the hospital will charge for take home supplies, e.g. drugs and dressings.

HEALTH CARE INSURANCE PLAN:

The Plan contributes towards the cost of most medically required services rendered by the physicians, including:

. visits to the patient's home, to the doctor's office or in hospital

. anaesthetic services
. surgical services
. obstetrical services, including pre-natal and post-natal visits
. certain oral surgery procedures performed by dentists where admission to hospital is required
. eye refractions performed by an ophthalmologist

The following physician services are not included as benefits:

. services not related to the prevention, diagnosis or treatment of disease such as medical examinations for employment or insurance coverage, attendance at an educational institution, etc.
. group inoculations and immunizations such as those carried out in schools
. preparation of testimony reports, doctors' certificates, etc. required for administrative or legal purposes
. advice or prescriptions given over the telephone except for advice re anticoagulant therapy
. doctor's travel time, detention time required in a patient's home unless special permission is obtained from the Commission
. cosmetic surgery unless medically required
. materials or drugs used by any physician while rendering medical services
. eye glasses or lenses or other appliances such as hearing aids, artificial limbs, or other devices.
. eye refractions performed by a family physician

Services provided by chiropractors, audiologists, podiatrists, osteopaths, physiotherapists, optometrists, nurses or other para-medical personnel are not included in the Plan, nor are the normal services rendered by a dentist in his office.

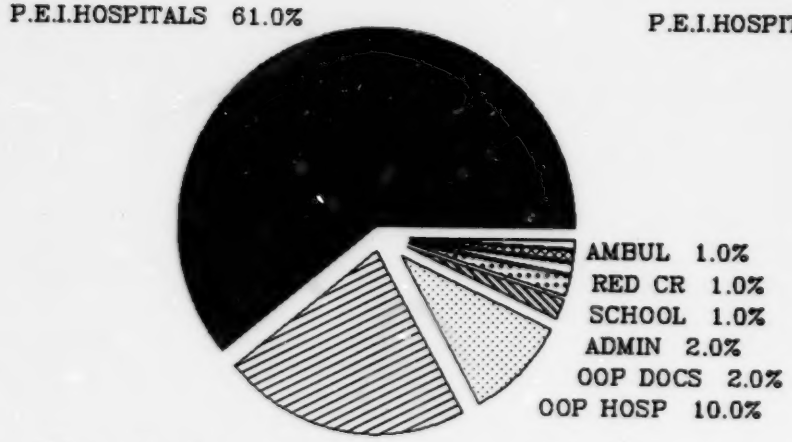
S T A T I S T I C A L C O M P E N D I U M:

INTRODUCTION:

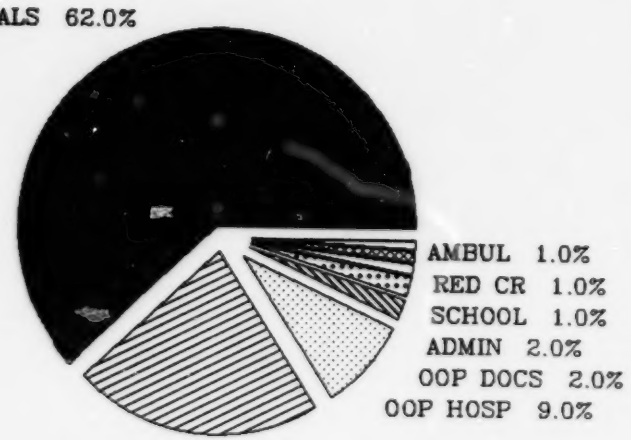
Expenditure figures used in the following tables were obtained from the Auditor General's Report of the P.E.I. Hospital and Health Services Commission. Data obtained on medical and physician services are based on physician claim forms and resident registration data which comprise the health information system used by the Commission.

EXHIBIT # 1

Distribution of Expenditures
1988 - 1989 & 1989 - 1990



1988/89



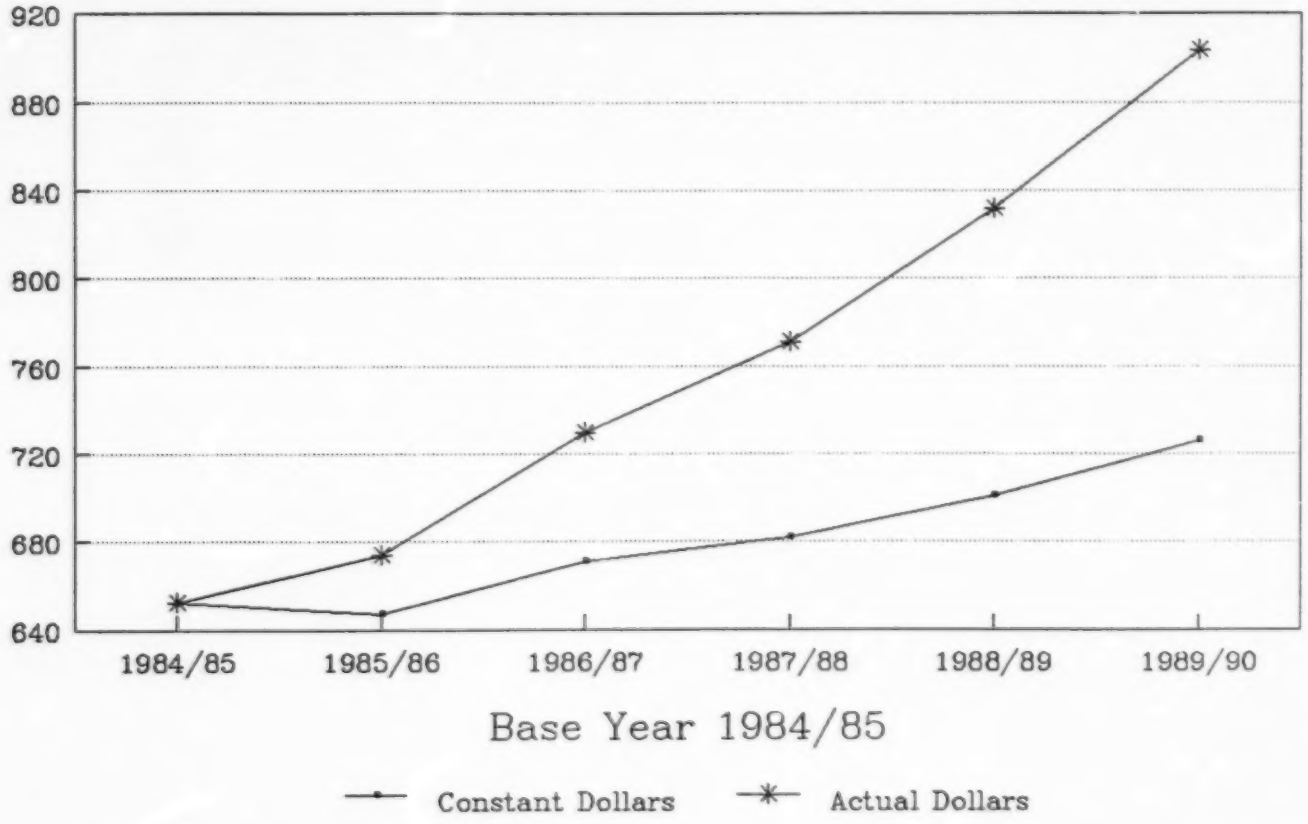
1989/90

Total 89 105,000,000 90 114,000,000

EXHIBIT # 2

Per Capita Costs, HHSC

Total Expenditures



1984/85 - 1989/90

EXHIBIT # 3
P.E.I. FULL-TIME EQUIVALENT PHYSICIAN COMPLEMENT,
NOV. 1989 & 1990

	FULL-TIME	PART-TIME EQUIV.	TOTAL FTE 1990	TOTAL FTE 1989
Family Practice	70	5.3	75.3	73.0
Specialties				
- Addiction Services	2	.3	2.3	2.3
- Anesthesia	8	-	8.0	7.8
- Dermatology	1	-	1.0	1.0
- Emergency Room Phys.	1	-	1.0	1.0
- Internal Medicine	8	.7	8.7	9.0
- Obstetrics/Gynecology	8*	.7	8.7	9.2
- Ophthalmology	2	.4	2.4	2.3
- Otolaryngology	3	-	3.0	4.0
- Pediatrics	2	.4	2.4	3.6
- Psychiatry	6	-	6.0	6.4
- Surgery: General	7	-	7.0	7.0
Orthopedic	3	-	3.0	3.0
Plastics	2	-	2.0	2.0
Urological	2	-	2.0	2.0
- Physical Medicine	1	-	1.0	1.0
- Oncology	1	-	1.0	1.0
- Radiology	6**	.4	6.4	6.0
- Lab. Physicians:				
Pathology	4***	-	4.0	4.0
Microbiology	1	-	1.0	1.0
Hematology	-	.5	.5	.5
TOTALS	**138**	**8.7**	**146.7**	**147.1**

NOTES RE EXHIBIT 3:

* only 5 of these do obstetrics
** 1 of these provides therapeutic radiology services
*** 1 of these is also Director of Laboratories

DEFINITIONS

A full-time physician is one who earns at least 1/2 of the mean income of that specialty.

Part-time Equivalents are calculated by totaling the earnings of the part-time physicians (those who earn less than 1/2 of the mean income) and dividing by 1/2 of the mean income of that specialty.

ALL PHYSICIANS AS A PERCENTAGE OF THE TOTAL

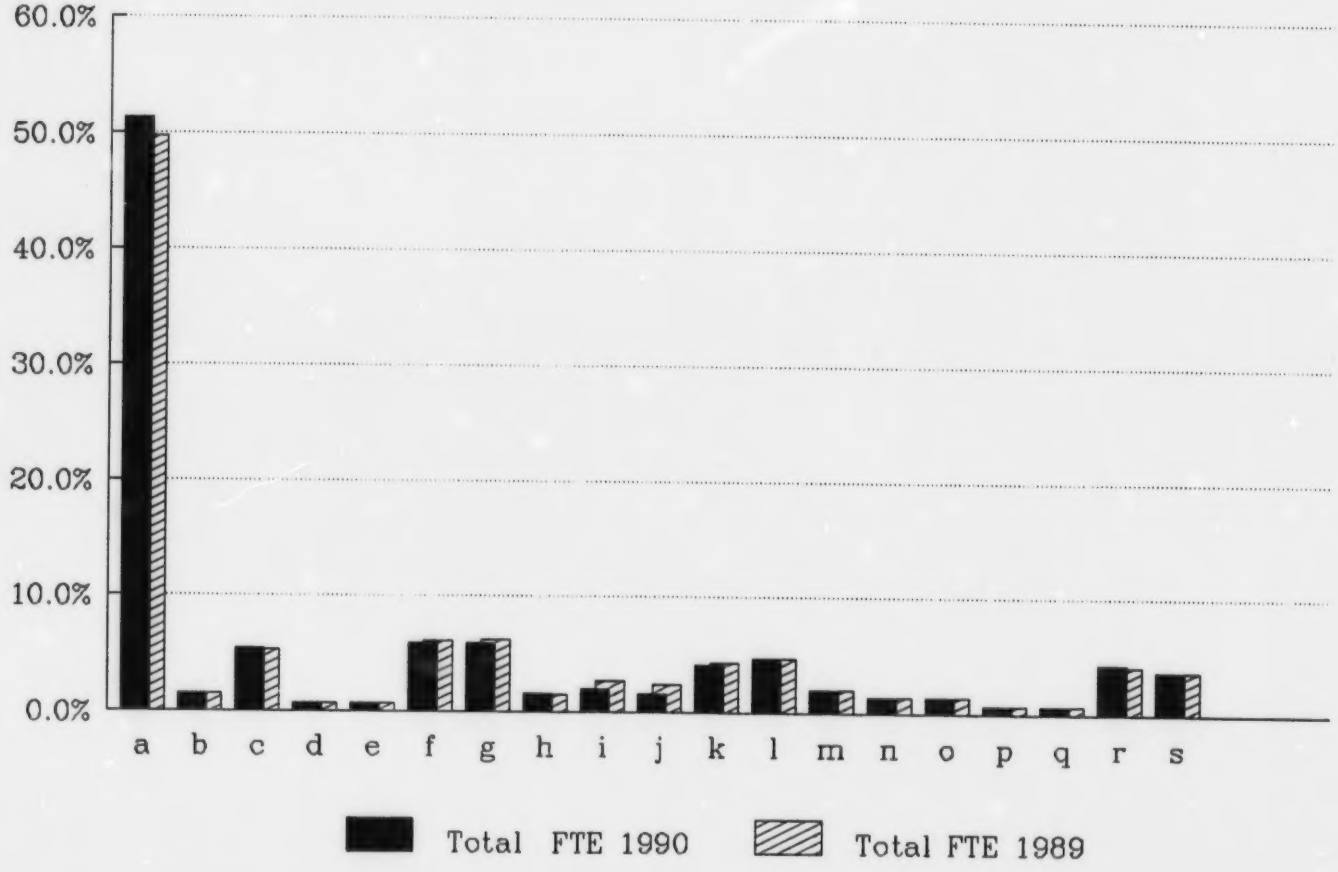
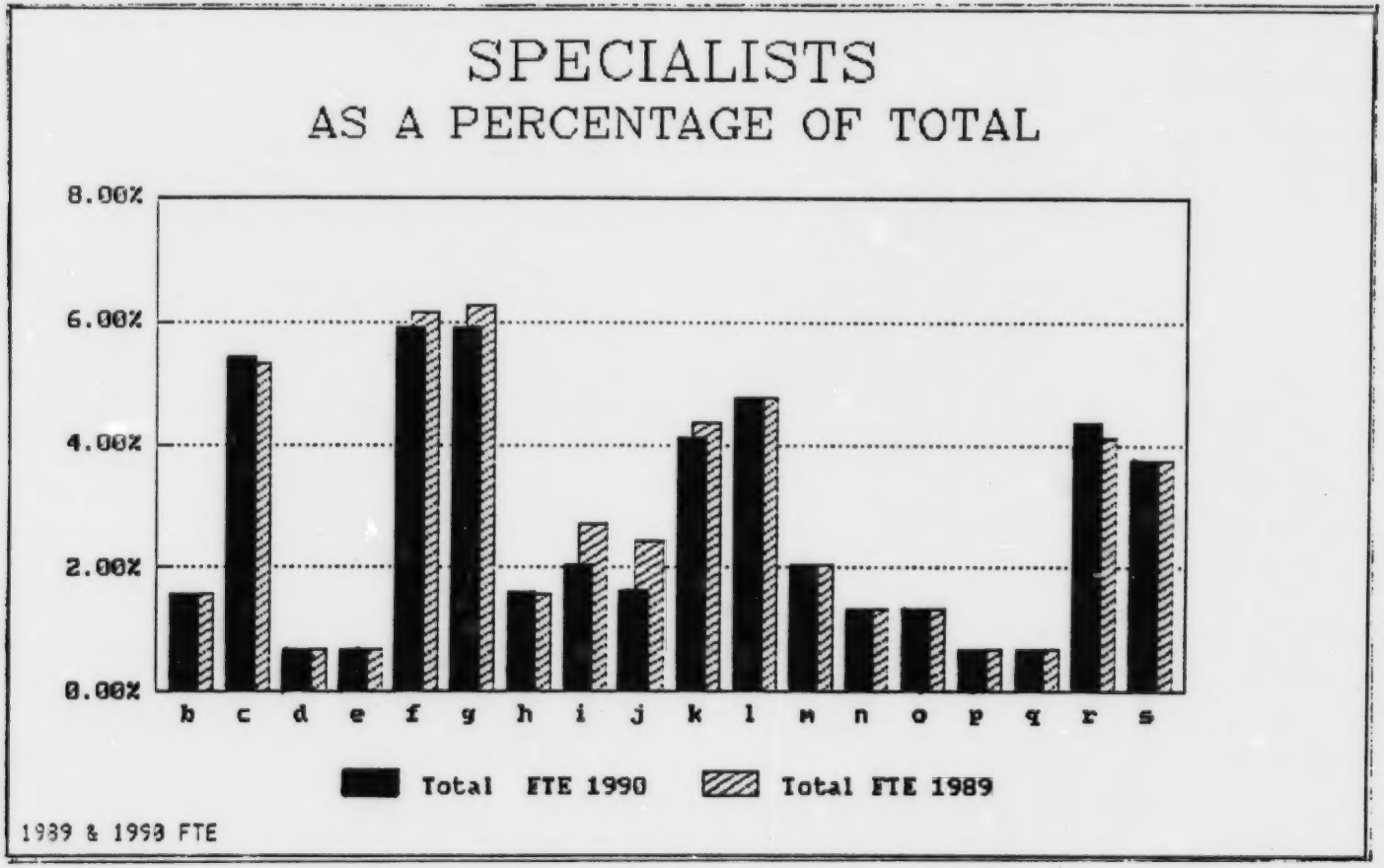


EXHIBIT # 5

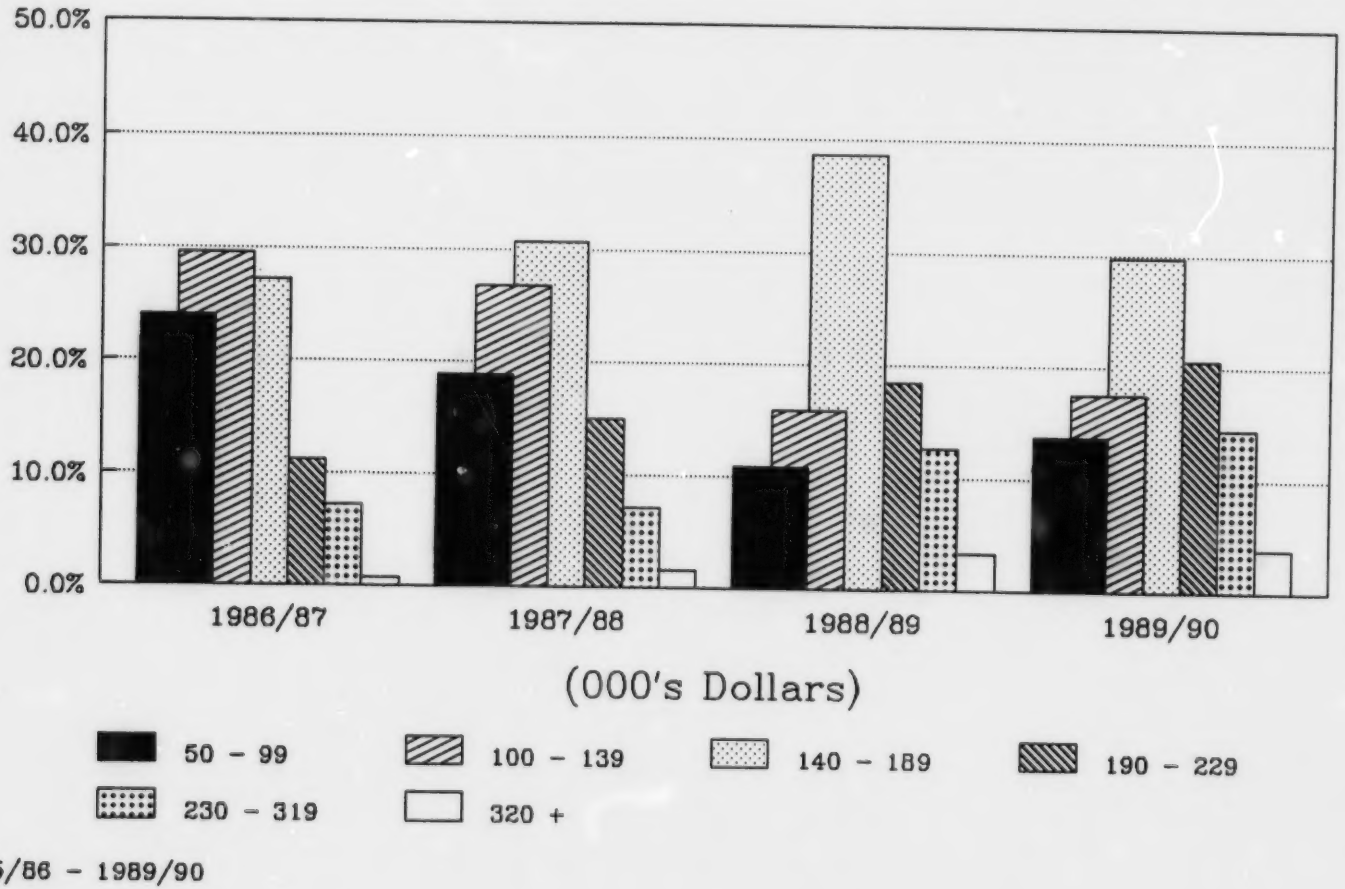


Key:

a) Family Practice
b) Addiction Services
c) Anesthesia
d) Dermatology
e) Emergency Room Phys.
f) Internal Medicine
g) Obstetrics/Gynecology
h) Ophthalmology
i) Otolaryngology
j) Pediatrics
k) Psychiatry
l) General Surgery
m) Orthopedic Surgery
n) Plastic Surgery
o) Urological Surgery
p) Physical Medicine
q) Oncology
r) Radiology
s) Laboratory

EXHIBIT # 6

PERCENTAGE OF PHYSICIANS BY RANGE OF ANNUAL PAYMENT

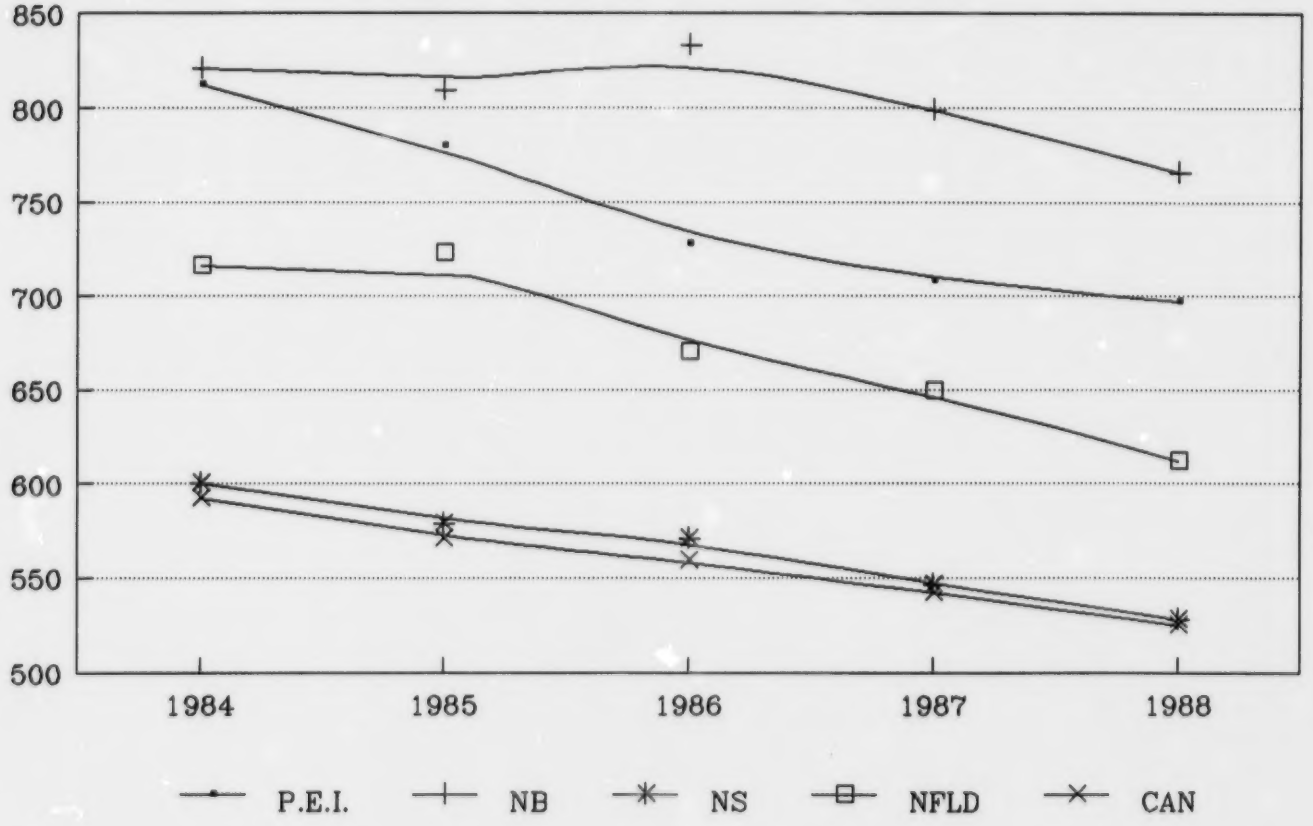


1985/86 - 1989/90

EXHIBIT # 7

POPULATION TO PHYSICIAN RATIO

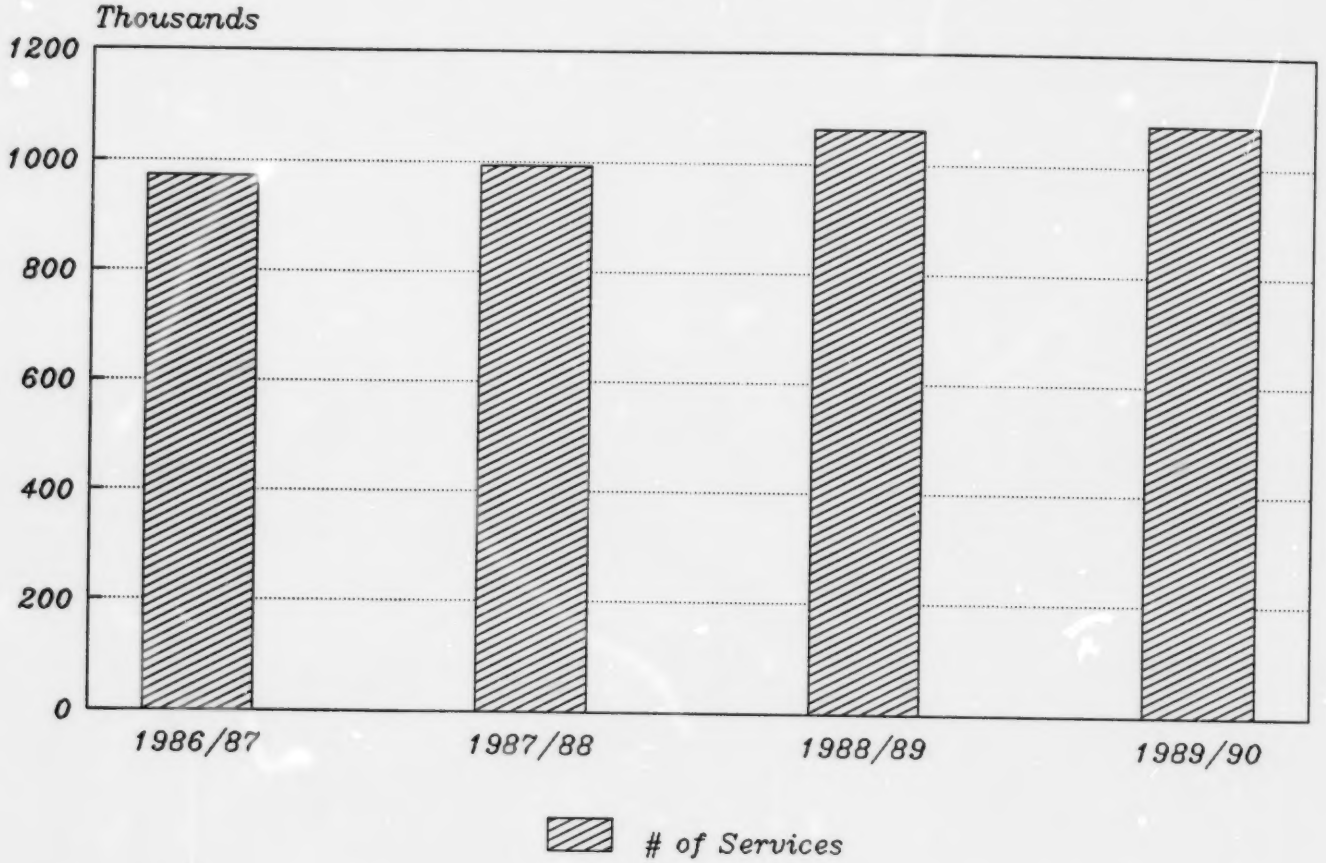
Excluding Interns & Residents



SOURCE: NATIONAL HEALTH & WELFARE

EXHIBIT # 8

SERVICES BY
IN PROVINCE PHYSICIANS



1986\87 TO 1989\90

EXHIBIT # 9

Dollars Paid to
In Province Physicians

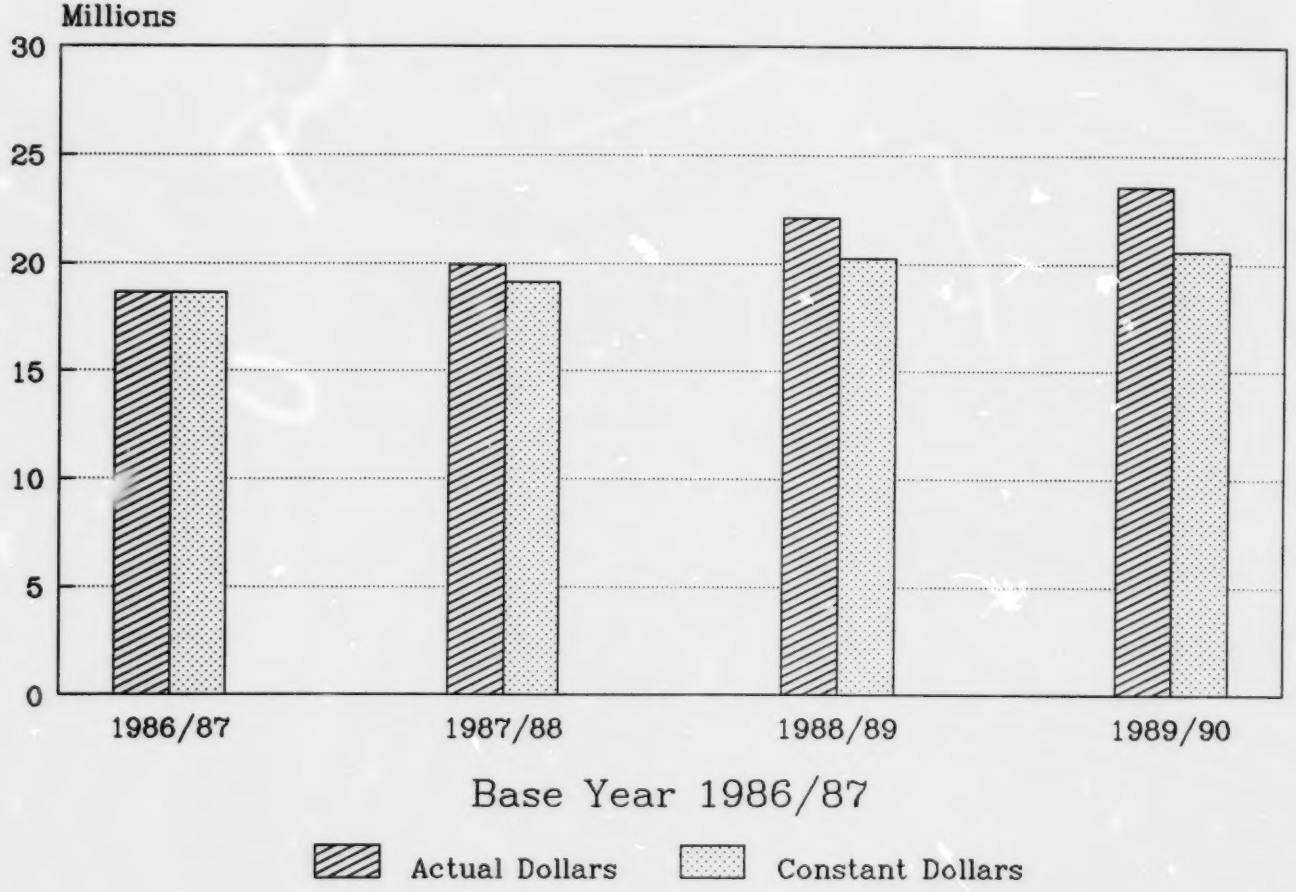


EXHIBIT # 10

NUMBER OF MEDICAL SERVICES BY DIAGNOSTIC CATEGORY BY AGE
FOR ALL IN-PROVINCE SERVICES, 1988/89 & 1989/90

DIAGNOSTIC CATEGORY	0 - 19		20 - 64		65-74		75 +		TOTAL	
	88/39	89/90	88/89	89/90	88/89	89/90	88/89	89/90	88/89	89/90
Infectious and Parasitic Diseases	10,694	11,081	10,171	11,432	959	1,277	1,221	1,409	23,045	25,199
Neoplasms	1,242	1,019	11,617	12,071	7,951	6,853	7,146	7,600	27,956	27,543
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	1,709	1,536	13,063	15,632	6,056	6,484	7,590	6,947	28,418	30,599
Diseases of Blood & Blood forming organs	1,124	928	2,320	2,481	979	1,086	2,356	2,354	6,779	6,849
Mental Disorders	4,225	4,032	59,948	57,780	7,544	7,165	9,168	9,409	80,885	78,386
Diseases of the Nervous System & Sense Organs	32,463	35,249	28,552	32,074	7,802	8,017	9,416	11,704	78,233	87,044
Diseases of the Circulatory System	836	622	35,377	32,560	26,947	27,054	42,944	43,025	106,104	103,261
Diseases of the Respiratory System	73,100	73,428	64,180	65,354	15,199	14,071	19,014	18,987	171,493	171,840
Diseases of the Digestive System	9,005	8,582	24,863	25,722	6,365	6,465	8,265	8,961	48,498	49,730
Diseases of the Genitourinary System	5,622	5,265	34,165	35,607	5,052	5,244	6,672	6,560	51,511	52,676
Complications of Child-birth,Pregnancy and the Puerperium	1,640	1,304	13,999	11,962	0	0	0	0	15,639	13,266
Diseases of the Skin and Subcutaneous Tissue	11,927	11,825	22,327	23,001	4,022	3,779	5,283	4,960	43,559	43,565
Diseases of the Musculoskeletal System & Connective tissue	5,301	5,106	41,404	42,668	10,423	10,912	10,009	11,633	67,137	70,319
Congenital Anomalies	1,637	2,035	868	1,456	178	263	311	327	2,994	4,081
Conditions originating in the Perinatal period	2,327	2,316	298	332	0	0	0	0	2,625	2,648
Symptoms, signs & ill-defined conditions	19,382	18,631	52,911	54,267	14,534	13,150	16,901	16,398	103,728	102,446
Injury and Poisoning	18,510	18,404	29,402	31,707	4,033	3,936	5,836	6,999	57,781	61,046
Factors influencing health status	33,973	32,136	82,048	83,639	15,911	14,448	14,374	13,399	146,306	143,622
TOTALS	234,717	233,499	527,513	539,745	133,955	130,204	166,506	170,672	1,062,691	1,074,120
% of total expenditure	22%	22%	49%	50%	13%	12%	16%	16%		
% of population* in age group	31.7%	31.7%	55.6%	55.6%	7.3%	7.3%	5.4%	5.4%		

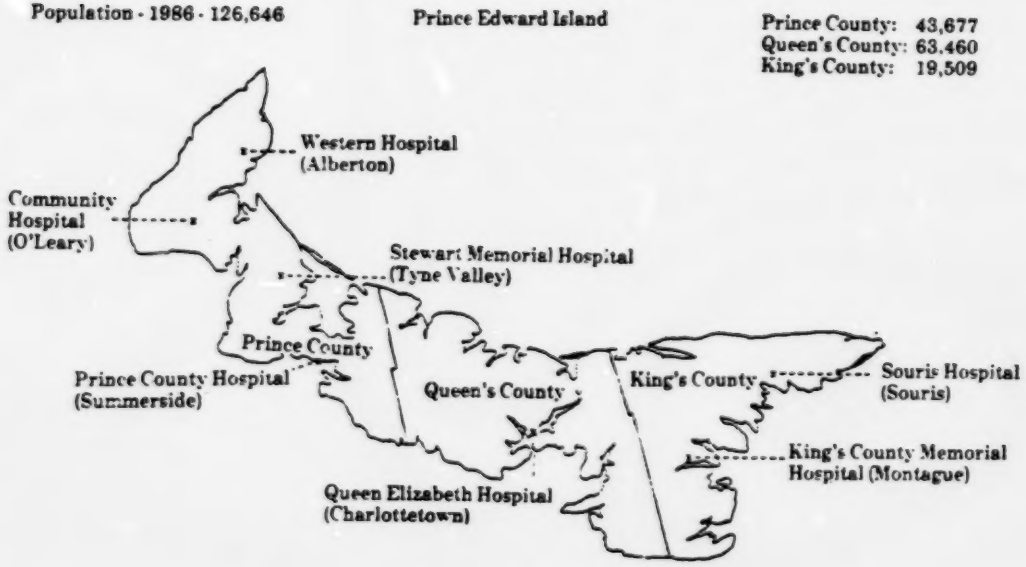
*(1986 census)

EXHIBIT # 11 COST OF MEDICAL SERVICES BY DIAGNOSTIC CATEGORY BY AGE FOR ALL IN-PROVINCE SERVICES, 1988/89 & 1989/90

	AGE GROUPS									
	0 - 19		20 - 64		65-74		75 +		TOTAL	
DIAGNOSTIC CATEGORY	88/89	89/90	88/89	89/90	88/89	89/90	88/89	89/90	88/89	89/90
Infectious and Parasitic Diseases	177,869	186,908	174,281	197,687	15,918	22,533	19,948	26,196	388,016	433,414
Neoplasms	35,426	28,793	362,886	392,552	213,179	202,097	185,671	204,469	797,162	827,911
Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	41,855	40,611	292,376	332,567	108,680	116,841	113,376	116,079	556,287	606,098
Diseases of Blood & Blood forming organs	23,226	18,704	43,882	47,137	19,541	21,472	37,907	40,021	124,556	127,334
Mental Disorders	86,666	136,094	1,216,064	1,380,420	123,754	131,897	133,485	157,234	1,559,969	1,805,645
Diseases of the Nervous System & Sense Organs	574,560	656,043	571,551	684,168	226,913	245,293	298,943	354,765	1,671,967	1,940,269
Diseases of the Circulatory System	19,309	13,906	710,817	675,728	527,091	535,098	729,671	757,795	1,986,888	1,982,527
Diseases of the Respiratory System	1,175,870	1,231,200	1,017,958	1,075,773	243,719	237,324	289,381	307,221	2,726,928	2,851,518
Diseases of the Digestive System	226,143	236,784	789,833	879,276	199,136	220,973	198,746	256,135	1,413,858	1,593,168
Diseases of the Genitourinary System	120,706	120,732	927,760	975,839	188,391	182,541	166,532	185,758	1,403,389	1,464,870
Complications of Childbirth, Pregnancy & the Puerperium	70,412	53,716	686,754	586,913	0	0	0	0	757,166	640,629
Diseases of the Skin & Subcutaneous Tissue	210,99[illegible]	217,344	419,522	543,079	69,674	73,833	89,162	92,068	789,349	926,324
Diseases of the Musculo-skeletal System and Connective tissue	118,213	115,114	870,370	947,684	228,380	254,502	188,086	254,514	1,405,049	1,571,814
Congenital Anomalies	60,829	70,146	37,793	61,479	11,307	11,078	6,771	12,091	116,700	154,794
Certain conditions originating in the Perinatal period	76,216	71,846	14,336	13,800	0	0	0	0	90,552	85,646
Symptoms, signs & ill-defined conditions	391,863	378,512	1,061,263	1,148,114	290,673	280,340	328,888	337,408	2,072,687	2,144,374
Injury and Poisoning	451,158	459,306	753,940	819,784	116,110	120,799	186,524	206,424	1,507,732	1,606,313
Factors influencing health status	598,704	572,794	1,640,670	1,644,330	287,764	262,010	241,234	235,576	2,768,374	2,714,710
TOTALS	4,460,016	4,608,643	11,592,056	12,406,330	2,870,230	2,918,631	3,214,325	3,543,754	22,136,629*	23,477,358*
%	20.1%	19.6%	52.4%	52.9%	13.0%	12.4%	14.5%	15.1%		

NOTE: Total Costs do not equal audited statement costs, as these costs are on a cash basis and audited financial statements are on an accrual basis. As well, these costs do not include radiology payments, CMPA dues and other miscellaneous expenses.

EXHIBIT # 12- GEOGRAPHIC LOCATIONS OF P.E.I. COMMUNITY HOSPITALS



Population Source: Statistics Canada - 1986 Census Data

EXHIBIT # 13

UTILIZATION STATISTICS
HOSPITALS OF PRINCE EDWARD ISLAND

1986/87-1989/90

	Apr. 1/86 to Mar.31/87	Apr.1/87 to Mar.31/88	Apr. 1/88 to Mar. 31/89	Apr. 1/89 to Mar. 31/90	% Change 86/87-89/90
Number of Beds set up	690	690	694	694	+ 1%
Numbers of Bassinets set up	79	79	71	71	-10%
Total Patients Admitted (Adult, Children & Newborn)	26,599	24,028	25,866	27,150	+ 2%
Total Births in Hospitals	1,902	1,889	1,963	2,011	+ 6%
Adults & Children Patient Days	201,218	199,454	197,670	198,669	- 1%
Newborn Patient Days	10,190	10,083	10,647	10,461	+ 3%
X-Ray Examinations	107,364	109,187	118,658	117,060	+ 9%
Laboratory Units of Work	8,139,713	8,342,256	8,852,885	8,636,613	+ 6%
Operations in O.R.	18,206	20,356	12,043	12,525	-31%
Emergency Room Visits	116,081	127,447	114,431	115,518	-.5%
Physiotherapy Attendances	36,328	30,919	30,753	30,563	-16%
Electrocardiograph Exams	25,275	26,043	27,713	26,368	+ 4%
Meal Days	369,169	360,472	372,036	381,189	+ 3%
Nursing Staff (Includes School of Nursing and L.N.A. Program Staff)	690	696	742	779	+13%
Other Staff	899	906	964	949	+ 6%
Total Staff (1)	1,589	1,602	1,706	1,728	+ 9%

NOTE 1: Staffing reported in full-time equivalents

Source: Annual Return of Health Care Facilities, - Hospitals Part One, Statistics Canada

EXHIBIT # 14

COMPARATIVE STATISTICS, P.E.I. COMMUNITY HOSPITALS, 1989/90

HOSPITAL	APPROVED BED CAPACITY	ADMISSIONS	PT. DAYS	OCCUPANCY RATE (%)	AVERAGE LENGTH OF STAY	BIRTHS
Queen Elizabeth	351	11,433	103,909	81%	9 days	1,184
Prince County	162	7,460	46,080	78	6 "	685
King's Co. Memorial	50	1,836	13,657	75	7 "	95
Souris	25	1,027	7,339	80	7 "	32
Western	50	1,225	11,706	64	10 "	0
Community	33	1,368	9,980	83	7 "	15
Stewart Memorial	23	790	5,998	71	8 "	0
TOTALS	**694**	**25,139**	**198,669**	**78%**	**8 days**	**2,011**

SOURCE: 1989/90 Annual Return of Health Care Facilities - Hospitals Part One, Statistics Canada

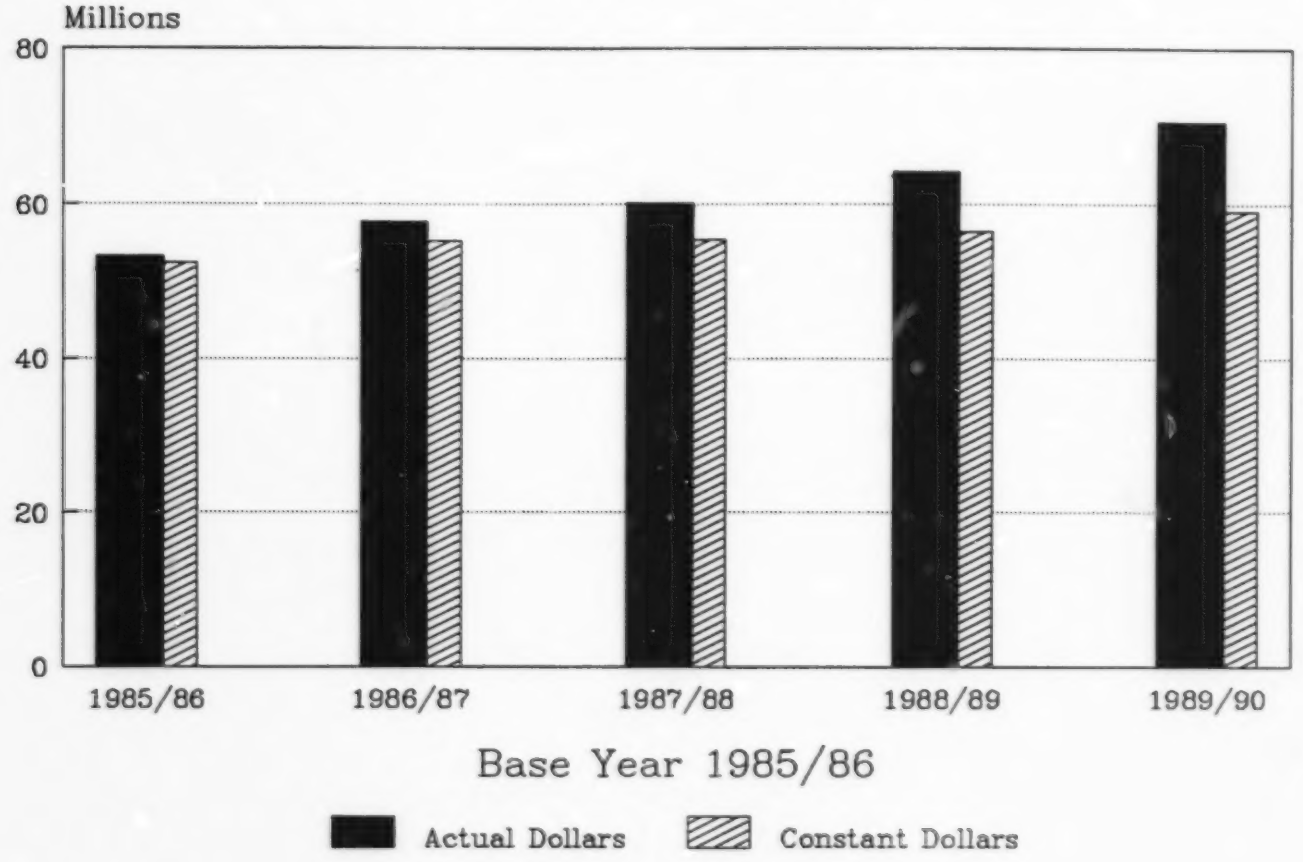
EXHIBIT # 15

BED TYPE - BY HOSPITAL

HOSPITAL	MEDICAL/ SURGICAL	OBSTETRICAL	PEDIATRIC	PSYCHIATRIC	INTENSIVE CARE UNIT	OTHER	TOTAL
COMMUNITY HOSPITAL	25	3	5				33
KING'S COUNTY MEMORIAL HOSPITAL	36	6	8				50
PRINCE COUNTY HOSPITAL	93	23	25	16	5		162
QUEEN ELIZABETH HOSPITAL	214	30	45	30	12	20(REHAB.)	351
SOURIS HOSPITAL	20	2	3				25
STEWART MEMORIAL HOSPITAL	20		3				23
WESTERN HOSPITAL	42		8				50
TOTAL	451	64	96	46	27	20	694

EXHIBIT # 16

Dollars Paid to
In Province Hospitals



1985/86 to 1989/90

EXHIBIT # 17

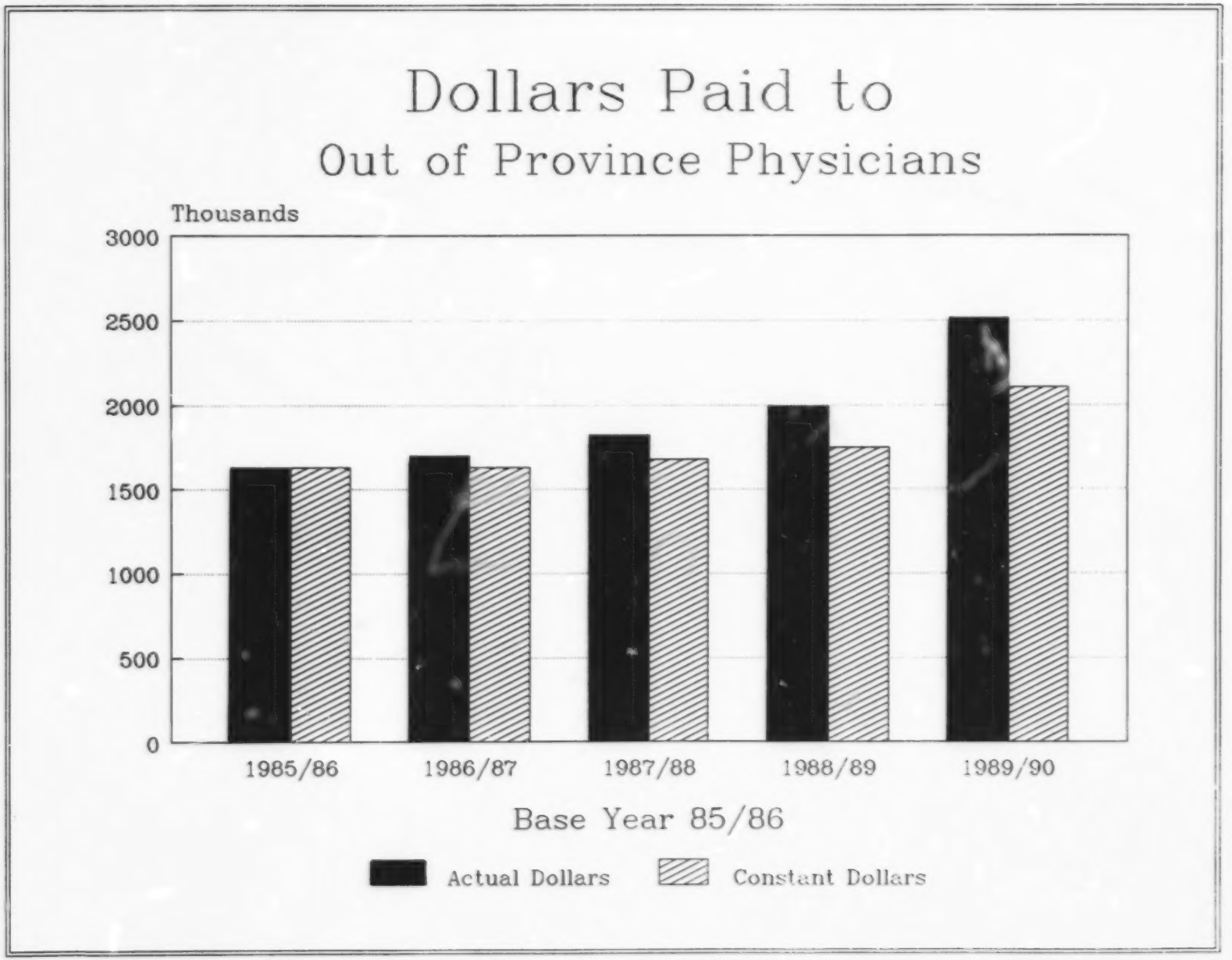

Dollars Paid to
Out of Province Physicians
Thousands
3000
2500
2000
1500
1000
500
0
1985/86
1986/87
1987/88
1988/89
1989/90
Base Year 85/86
Actual Dollars
Constant Dollars

EXHIBIT # 18

Dollars Paid to
Out of Province Hospitals

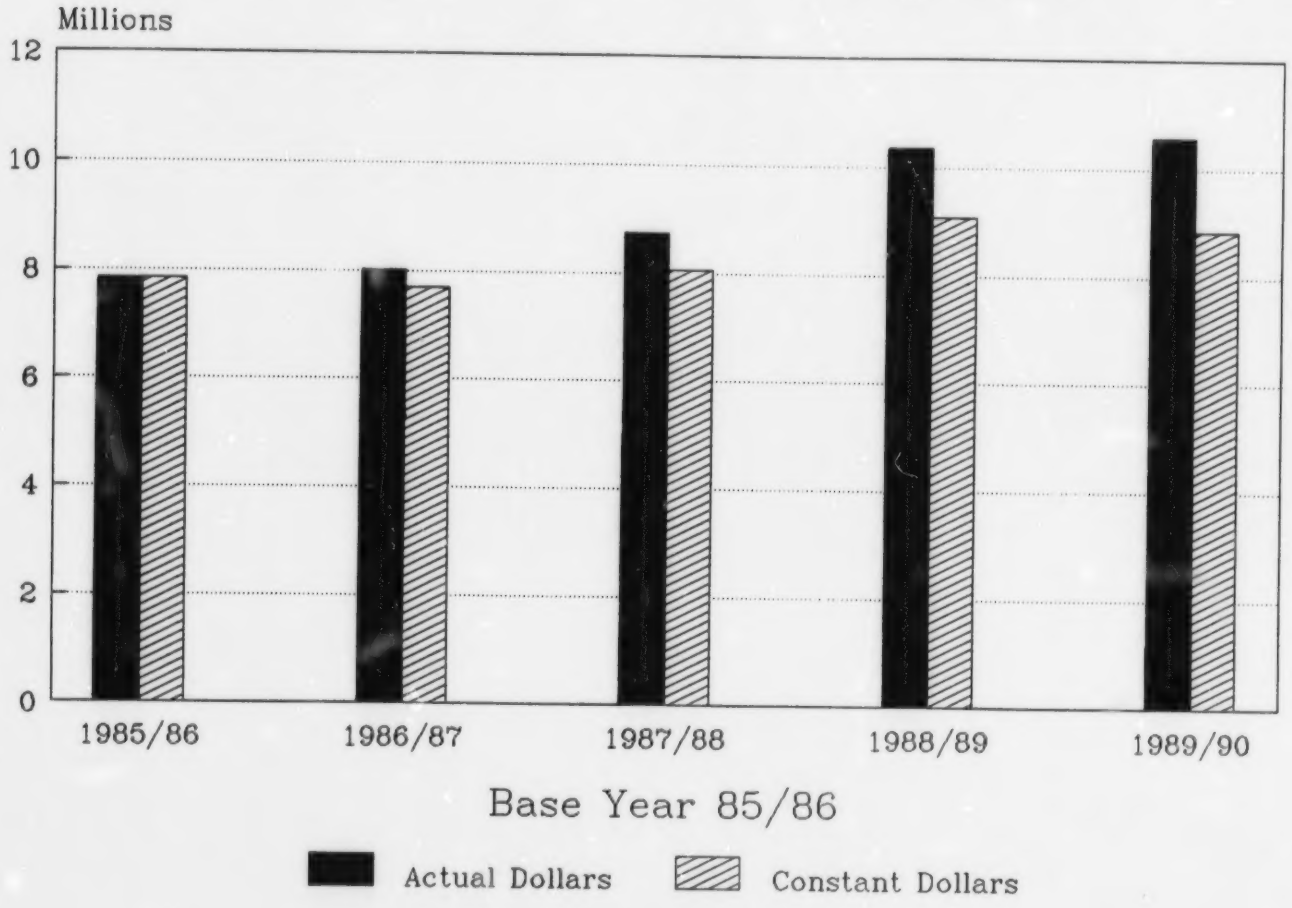


EXHIBIT # 19

SUMMARY OF OUT-OF-PROVINCE ADMISSIONS & DAYS OF STAY

	TOTAL ADMISSIONS		TOTAL DAYS STAYED	
	1988/89	1989/90	1988/89	1989/90
Newfoundland	1	4	19	15
New Brunswick	208	248	1,951	2,565
Nova Scotia	1,422	1,455	13,810	14,949
Quebec	35	32	355	331
Ontario	222	166	2,296	1,319
Manitoba	5	8	17	32
Saskatchewan	4	5	9	111
Alberta	28	26	233	120
British Columbia	16	17	95	69
Northwest Territories	1	-	1	-
TOTAL	**1,942**	**1,961**	**18,786**	**19,511**

AVERAGE LENGTH OF STAY: - 1988/89 - 9.7 DAYS
1989/90 - 9.95 DAYS

AUDITOR GENERAL

CHARLOTTETOWN

PRINCE EDWARD ISLAND

HOSPITAL AND HEALTH SERVICES COMMISSION OF P.E.I.

FINANCIAL STATEMENTS

MARCH 31, 1990

AUDITOR GENERAL
CHARLOTTETOWN
PRINCE EDWARD ISLAND

AUDITOR'S REPORT

To the Commissioners of the
Hospital and Health Services Commission

I have examined the balance sheet of the Hospital and Health Services Commission of Prince Edward Island as at March 31, 1990 and the statement of revenue and expenses for the year then ended. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the financial position of the Commission as at March 31, 1990 and the results of its operations for the year then ended in accordance with the basis of accounting as disclosed in note 1 to the financial statements applied on a basis consistent with that of the preceding year.

J. Wayne Murphy, C.A.
Auditor General

Charlottetown, Prince Edward Island
July 5, 1990

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

BALANCE SHEET
MARCH 31, 1990
(with comparative figures at March 31, 1989)

ASSETS

	1990	1989
CURRENT ASSETS		
Accounts receivable		
- Province of P.E.I.	$6,367,428	$6,846,172
- Other	89,345	51,208
Advance to Souris Hospital	-	28,042
Advance to Province of Nova Scotia - Note 2	470,000	470,000
	$6,926,773	$7,395,422

LIABILITIES

CURRENT LIABILITIES		
Bank overdraft	$ 244,035	$ 5,444
Payables and accruals - Note 3	6,682,738	7,389,978
	$6,926,773	$7,395,422

(Notes 1 to 6 are an integral part of these financial statements)

ON BEHALF OF THE COMMISSION:

COMMISSIONER: _____

COMMISSIONER: _____

HOSPITAL AND HEALTH SERVICES COMMISSION OF PRINCE EDWARD ISLAND

STATEMENT OF REVENUE AND EXPENSES
YEAR ENDED MARCH 31, 1990
(with comparative figures for the year ended March 31, 1989)

	Original Budget	1990	1989
REVENUE			
Provincial appropriation - Note 4	$113,275,000	$114,246,664	$105,194,388
Third party recoveries	-	90,490	110,270
Other income	-	70,838	55,805
	$113,275,000	$114,407,992	$105,360,463
EXPENSES			
Hospital Services			
- Operating	62,981,100	63,009,493	58,618,922
- Debt	6,392,000	6,380,444	5,535,773
- Capital repairs	390,400	389,548	102,676
- Equipment	324,500	912,500	13,776
- Out of Province services	9,600,000	10,586,642	10,361,393
Medical Services			
- Out of Province physician fees	1,957,000	2,518,563	1,995,000
- In Province physician fees	25,582,400	24,965,660	23,387,455
Canadian Red Cross Society	1,506,000	1,170,745	1,116,903
Ambulance service	835,000	852,438	788,590
P.E.I. School of Nursing	1,674,000	1,400,000	1,603,000
Administration - Salaries	1,822,800	1,661,606	1,535,592
- Other	209,800	560,353	301,383
	$113,275,000	$114,407,992	$105,360,463
Net result for the year	$ -	$ -	$ -

(Notes 1 to 6 are an integral part of these financial statements)

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS
MARCH 31, 1990

1. Summary of significant accounting policies

a) The accounts are maintained on an accrual basis of accounting with the following modification:
- Fixed assets are expensed when purchased

b) Accounts payable for hospital care and medical services are based on actual after March 31 plus an estimate of claims outstanding at May 31.

2. Advance to Province of Nova Scotia

This advance relates to out of Provionce services provided by Nova Scotia hospitals. Nova Scotia has requested the advance to compensate for the length of time required between the date of service and actual receipt of payment. This advance would reduce the payable for out of Province hospital care but has been treated separately for financial statement purposes.

3. Payables and accruals

	1990	1989
Medical claims:		
- In Province physicians	$3,029,737	$2,794,582
- In Province radiologists	95,074	80,204
- In Province salaried physicians	4,800	-
- Out of Province physicians and patients (net)	341,483	442,754
-Local hospitals and approved facilities for deficits and capital projects	388,714	382,513
-Local hospitals for services to non-resident patients	349,034	40,750
-Out of Province hospital care (net)	1,984,448	3,315,345
- Canadian Red Cross	311,179	154,025
- Ambulance Operators	52,251	65,150
- Other	126,018	114,655
	$6,682,738	$7,389,978

HOSPITAL AND HEALTH SERVICES COMMISSION
OF PRINCE EDWARD ISLAND

NOTES TO FINANCIAL STATEMENTS (continued)
MARCH 31, 1990

4. Provincial appropriation

	1990	1989
Original appropriation	$113,275,000	$101,577,400
Additional appropriation	971,664	2,972,100
Transfer	-	644,900
Unspent appropriation	-	(12)
Total Provincial appropriation	$114,246,664	$105,194,388

5. Benefits: The employees of the Hospital and Health Services Commission are entitled to pension benefits under the terms of their employment. The employer's share of the benefits plus any additional future actuarial liabilities are assumed by the Province of P.E.I. and are not reflected in the Commission's financial statements.

6. In 1990, hospital equipment expenses have been segregated from hospital operating expenses. The 1989 financial statement amounts have been restated to conform to the above classifications.